

Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

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EVENT APPLICATION ITTITAS COUNTY BOARD OF COMMISSIONERS

Thank you for your interest in holding a special event in Kittitas County. Please complete and return this application along with any other materials to the Kittitas County Board of Commissioners at least 60 days prior to the day upon the event is scheduled. Any misrepresentation in the application materials or deviation from the final agreed upon route and/or method of operation described may result in the immediate revocation of an issued permit. Specifics outlining Event Permits can be viewed at http://www.co.kittitas.wa.us/boc/countycode/title05.asp

Event Information

Name of event: Wine in the Pines
Date(s) of event: Sunday, September 6th, 2015
Hours of operation: 1PM-4PM
Description of the event: Sampling event featuring some of Washington's
best wines and restaurants.
Has this event taken place before? Ves No Dates: 8/31/2013 & 8/31/2014
Estimated attendance: 250-350
How is your event being publicized?The event is being marketed by print and social
media. The businesses participating in the event are also able to publicize the event.
Please attach any flyers, posters, etc. with your application submission.
Contact Information
Name of the organizer/contact person: Colette Graham
Address: 301 Rope Rider Drive, Cle Elum, WA 98922
Phone number(s): 509.852.7310
Email address: colette@swiftwatercellars.com
Date of birth of applicant: 11/22/1984

If the application is made on behalf of a part residence and post office address for a perio application together with the location of pri corporation.	tnership, please submit full names with their od of six months prior to the date of ncipal office or place of business of such
Emergency contact name(s) and phone num	ber(s) that can be contacted during the
event: Colotto Grobom	509.572.5756
Colette Graham Name	Phone Number
Leena Haija	509.378.8814
Name	Phone Number
WRITTEN PERMISSION TO ENTER EVE	ENT SITE
I/We hereby permit law enforcement and/ the Event Application has been granted at t prior to the event for the purposes of inspec other applicable laws, and pursuant to my a connection with this Event Application.	cting and enforcement of County Code and
SWORN STATEMENT OF COMPLIANC	E
I/We hereby acknowledge that I/We have familiarized myself with County requireme agent or I/we shall be on site at all times ar the event and for compliance with all legal	ents. I/We agree that either my designated and shall be responsible for the operation of
I/We understand that failure to comply windown forth in Code may be deemed a gross misde violations are crimes under RCW.	th the rules, regulations and conditions set emeanor and that drug or narcotics
Colette Graham	(10000)
Applicant Name (Print)	Applicant Signature
==	()
Leena Haija	The state of the s
Applicant Name (Print)	Applicant Signature



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BOARD OF COUNTY COMMISSIONERS

Fire Safety and Protection

If more than 50 people are expected at your event, you must complete a separate application process which can be obtained through the Kittitas County Fire Marshal's office. You may contact the Fire Marshal's office at 509-962-7000.

Will there be a temporary structure erected for the event? Yes



If yes, you must attach a drawing including the dimensions. The structure may require an inspection by County staff prior to the event.

Public Health/Environmental Health

Will there be food served at the event?



No

If no food will be served at the event then, no permit or application is required.

If yes, is the food and beverage that you intend on preparing and serving at the event exempt from permit requirements http://www.co.kittitas.wa.us/health/food.asp?

- If yes, please submit an <u>application for exemption</u> from permit and proof of food handlers training to the Kittitas County Public Health Department (KCPHD).

If yes, and the food or beverage is <u>not</u> considered exempt from permit, then does the person or organization preparing and serving the food have a food service permit, temporary food service permit, or catering permit from KCPHD?

- If yes, please provide a list of foods and beverages that you intend on having prepared and served at the event along with the name and phone number(s) of the permitted person or organization.

If yes, and the person or organization preparing and serving the food <u>does not</u> already have a food service permit.

 Then a temporary food service permit or catering permit will need to be acquired from KCPHD prior to the event.

Please allow at least 2 weeks to complete the food service permitting process.

Are there permanent or fixed bathroom facilities already available at the location of the event?

Yes No

If yes, please provide an estimated attendance for the event, a detailed map that identifies the name and address of the physical facility that will provide lavatory facilities for the event, quantity of toilette facilities available for each gender, and the distance from the event that patrons must walk.

If no, please provide an estimated attendance for the event, specific information related to the number of portable restrooms that will be provided, the distance from the event that patrons must walk, and a service plan to ensure that sani-cans remain in a sanitary condition. You must include the location of the portable restrooms on a map/diagram of the event.



Kittitas County, Washington **BOARD OF COUNTY COMMISSIONERS**

Law Enforcement/Security/Emergency Medical Services
Will there be security on site during the event? Yes
If yes, please provide a complete list of names and contact information for who will be providing the security.
Will Emergency Medical Services (EMS) be on site during the event? Yes N
If yes, please provide written verification from the providers.
Will there be music, sound amplification or any other noise impacts? Ves No
If yes, Kittitas County has a noise ordinance in effect (see County Code for details). If your event is scheduled for outside of the allowed time, you must submit a written letter to the Board of County Commissioners requesting a waiver and it must be included with your application materials.
Will you have traffic control? Yes 56 If yes, please provide documentation on how the traffic control will be addressed.
Will there be off-site parking? Yes 🌃
If yes, please provide the location and a parking plan.
Will there be shuttle buses provided for attendees? Yes
If yes, provide a map of their route.
Will there be alcohol served at the event? Vs No
If yes, a State permit is required from the WA State Liquor Control Board and must submitted with your application materials.



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Public Roads

Will the event obstruct, interfere or require the closure and free use of any public road, street or right-of-way? Yes

If yes, please provide a detailed adequate traffic and detour plans at the time of submission of the application.

Will there need to be road closure or detour signs posted? Yes





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BOARD OF COUNTY COMMISSIONERS

Garbage/Recycling

Do you have a plan for garbage and recycling?	Yes	No
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A written plan for garbage and recycling must be attached to your application materials. For questions or assistance contact the Kittitas County Solid Waste Department at 509-962-7542.

Insurance

Have you obtained a Certificate of Insurance, specifically naming "Kittitas County" as an insured? Yes No

A copy of the Certificate of Insurance must be included with your application materials. Kittitas County must be named as an additional insured in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate coverage.

Penal Bond - Bond of Indemnity

A \$5,000.00 Penal Bond - Bond of Indemnity is required to be deposited with the County Treasurer to save and protect the streets, pavements, bridges, etc. from damage. The deposit or its balance will be returned once the event has been held and the Board of County Commissioners has certified no damage has been done and that the County has not incurred additional expenses

Are you submitting a \$5,000.00 Penal Bond - Bond of Indemnity with your Event Application? Yes No

If no, you must request a letter in writing to the Board of County Commissioners requesting a waiver to the Penal Bond – Bond of Indemnity and outline the specific reasons why it should not be required of your event.

County Filings and Registration

Is there a cost to attend the event?

How much are you charging to attend your event? \$70 per person





To Protect and Promote the Health and the Environment of the People of Kittitas County

FOODSERVICE PERMIT

PERMIT NO. FE-14-00208

Granted to: SWIFTWATER CELLARS, LLC

This permit is for:

GENERAL FOOD SERVICES FOOD LEVEL 3 / SUPPLEMENTAL CATERING

Permit can only be used at this location 301 ROPE RIDER DR CLE ELUM, WA 98922

THIS PERMIT EXPIRES ON: 10/31/2015

This permit is not transferable



PUBLIC HEALTH DEPARTMENT ENVIRONMENTAL HEALTH 507 N NANUM ST. SUITE 102 ELLENSBURG, WA. 98926 (509) 962-7515 Regulatory Date

Authority

Machel Kruston M.D. 10/30/H Health Officer Date



BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 602 861 236

Business ID #: 1

Location: 2 Expires: 09-30-2015

SWIFTWATER CELLARS, LLC SWIFTWATER CELLARS 301 ROPE RIDER DRIVE CLE ELUM WA 98922

TOBACCO PRODUCTS RETAILER
TAX REGISTRATION
DOMESTIC WINERY < 250,000 LITERS
#405532
SPIRITS/BR/WN REST LOUNGE + #405532
OFF PREMISES-PRIVATE LABEL WINE

#405532 INDUSTRIAL INSURANCE UNEMPLOYMENT INSURANCE

TELESCE: In a

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

LIQUOR CONTROL BOARD TRADENAMES: SWIFTWATER CELLARS LLC

REGISTERED TRADE NAMES: SWIFTWATER CELLARS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

CFh_

Director, Department of Revenue



CERTIFICATE OF LIABILITY INSURANCE

SWIFCEL-01 PURLACHI

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Richland Office PayneWest Insurance, Inc. 390 Bradley Blvd. Richland, WA 99352 PHONE IAIC, No. Exti: (509) 946-6161 E-MAIL (AC, No): (509) 946-0715 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Allied World Nat'l Assurance INSURED INSURER 9: insurer ¢ : Swiftwater Cellars, LLC PO Box 492 INSURER D: Roslyn, WA 98941 INGURER E: INSURER F COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLIBURA INSD WVD POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS X COMMERCIAL GENERAL LIABILITY Α EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EB occurrence) 1,000,00 CLAIMS-MADE X OCCUR 5115007901 X 07/07/2014 07/07/2015 1,000,00 Х Liquor Liability MED EXP (Any one person) 10.00 X WA Stop Gap 1,000,00 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,00 5 JECT POLICY LOC PRODUCTS - COMP/OP AGG 2,000.00 \$ OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,00 X 511500701 07/07/2014 ANY AUTO 07/07/2015 BODILY INJURY (Per person) 5 SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED **BODILY INJURY (Per socident)** PROPERTY DAMAGE (Per eccident) X X HIRED AUTOS \$ \$ UMBRELLA LIAB X X OCCUR 5,000,000 EACH OCCURRENCE \$ EXCESS LIAB A 5117007901 CLAIMS-MADE 07/07/2014 07/07/2015 AGGREGATE 5,000,000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR PARTNER ARECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below. EL EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) re: Concert Events. Kittitas County is added as additional insured CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Kittitas County 205 W 5th Ave Ellensburg, WA 98926 AUTHORIZED REPRESENTATIVE

arland



KITTITAS COUNTY FIRE MARSHAL'S OFFICE

411 N. Ruby St., Suite 2, Ellensburg, WA 98926

Office (509) 962-7657 Fax (509) 962-7682

Fire Marshal "Special Event/Assembly" Permit

Application Date	: 4/1/2015		nitial		□ Rer	newal	Permit 7	#:		
-/	Trid CP + W' i d P'									
Dates/Times of Event: 9/6/2015 Event hours from 1pm-4pm										
Physical Location of Event:	Swiftwater Cellars, 301 R	ope Rider Drive, Cle Elum	WA 98922				Indoors	M Ou	ıtdoors	
Event Coordinator : Colette	Graham	Phone	#: 509.852.73	10			Cell #: 509.572.5756	UL OI	11110018	
Mailing Address PO Box 492	2	City F	toslyn		St WA	Zip 98941	Email: colette@s	wiftwatercellars.	com	
Consider the accomplisher.										
	upancy (Permane	ent)								
Physical Address:			Assessor'	's Map #:					_	
Building Tenant :		Phone	#:	_			Cell #:			
Mailing Address		City			St	Zip	Email:			
Building Owner		Phone	#:				Cell #:			
Mailing Address		City			St	Zip	Email:			
Hours of Operation: (Only R	equired for Assembly Oc	cupancy Permits)			+ 3,			1, 17,		
SUN:	MON:	TUE:	WED:		THU:		FRI:	SAT:	v	
Specific Description								pling food	and	
wine while being ed	lucated on the sam	pling. We are nopi	ng to nave	50 100d 8	and wine v	endors p	апісірате.			
Food/Beverage?	(YES) N	NO Alcohol Ser	rved?	YES	NO	Live	Entertainment?	(YES)	NO	
Security On Site?	YES (N	Tents? #of		YES	(NO	Stag	es? #of	YES	(NO)	
Emergency Contact: Colette		e #: 509.572.5756			: Colette Grah		Phone #: 509.572			
Leena Haija 509.378.8814					Leena Haija		509.378	8 8814		
I hereby state that the above information is correct. I agree to comply with all requirements related to this Event/Assembly Permit. I further agree to, and hereby grant to the Kittitas County Fire Marshal's Office the right to enter onto the premises as described for this permit application, for the purpose of making such inspections and tests as may be required. This permit is valid until renewed, revoked, or expired and is non-transferrable.										
Owner / Author	ized Agent						, 1			
Signature: Donald Watts										
Title: Owner	<u> </u>	Phone 7	±:509	. 852	. 7310	>	Date: 4	2015	<u> </u>	